



202-986-6989

 PTO/SB/61 (09-03)
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and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	09/742,295
Filing Date	12/22/2000
First Named Inventor	Michael Scalora
Title	Photonic Signal Frequency Up
Art Unit	3453-2874
Examiner Name	John D. Lee
Attorney Docket Number	JSF06-00077

I hereby appoint:

 Practitioner associated with the Customer Number:

OR

 Practitioner(s) named below:

Name	Registration Number
James S. Finn	38,450
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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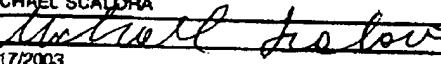
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<input checked="" type="checkbox"/> Firm or Individual Name	FINN LAW OFFICES		
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Country	UNITED STATES		
Telephone	202-607-4607	Fax	202-318-2540

I am the:

 Applicant/Inventor:
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	MICHAEL SCALORA	
Signature		
Date	10/17/2003	Telephone (202) 653-0298

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 Total of _____ forms are submitted.

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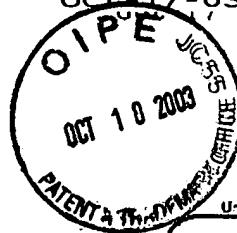
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/742,295
Filing Date	12/22/2000
First Named Inventor	Michael Scialo
Art Unit	8452 2874
Examiner Name	John D. Lee
Attorney Docket Number	JSF08-0002-8

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

Please change the correspondence address for the above-identified application to:

The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	FINN LAW OFFICES				
Address	1718 M. STREET NW				
Address	#294				
City	WASHINGTON	State	DC	Zip	20036
Country	UNITED STATES				
Telephone	202-807-4807	Fax	202-318-2450		

I am the:

Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

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SIGNATURE of Applicant or Assignee of Record

Name	Michael Scialo
Signature	
Date	10/17/2003
Telephone	(202) 650-0298

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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